

TRICARE Costs



Annual Deductible

- The amount a beneficiary must pay each fiscal year (FY) (October 1 - September 30) for covered outpatient services before TRICARE begins to pay. Active duty service members (ADSMs) do not have an annual deductible. Active duty family members (ADFMs), retirees and retiree family members enrolled in TRICARE Prime or the Uniformed Services Family Health Plan (USFHP) do not have an annual deductible, unless they use the point-ofservice (POS) option.
 - For those not enrolled in Prime or USFHP:
 - Family members of active duty sponsors in pay grades E-1 to E-4— individual: \$50; family: \$100
 - Family members of active duty sponsors in pay grades E-5 and above, and retirees and their family members — individual: \$150; family: \$300
 - For ADFMs, and retirees and their family members enrolled in Prime/USFHP who use the POS option —individual: \$300; family: \$600

Co-Payment

 The fixed amount a TRICARE Prime/USFHP retiree or retiree family member pays for network provider care, including outpatient visits, hospitalization, ambulance and emergency services, inpatient and outpatient behavioral health, ambulatory surgery and inpatient skilled nursing; and, the fixed amount a Standard/Extra beneficiary pays for inpatient or ambulatory surgery services.

Catastrophic Cap

- The maximum out-of-pocket amount a beneficiary pays each FY for TRICARE-covered services. This includes the TRICARE Prime/USFHP enrollment fee for retirees and their families. The catastrophic cap does not apply to ADSMs. The amount for ADFMs and those enrolled in TRICARE Reserve Select (TRS) is \$1,000 per family. The amount for retirees and their families is \$3,000 per family. The following charges and costs are not credited to the catastrophic cap:
 - Charges for non-covered services
 - POS charges (deductibles and cost-shares)
 - Additional 15% balance-billing that nonparticipating providers may charge above the TRICARE-allowable charge
 - Premiums for TRS, TRICARE Retired Reserve (TRR), TRICARE Young Adult (TYA), Continued Health Care Benefit Program (CHCBP), Medicare, and other health insurance (OHI)
 - TRICARE Dental Program (TDP) and TRICARE Retiree Dental Program (TRDP) premiums and cost-shares

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Fiscal Year 2014 Version





SESSIMEDICAL CROSS

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mcdonald.narmc.amedd.army.mil/default.aspx

Naval Medical Center Portsmouth
Naval Support Activity
620 John Paul Jones Circle
Portsmouth, Virginia
(757) 953-5000
www.med.navy.mil/sites/NMCP

633rd Medical Group
Joint Base Langley-Eustis
77 Nealy Avenue
Hampton, Virginia
(757) 225-7630
www.jble.af.mil/633dmedicalgrouphealthcare/

Cost-Share

- The percentage a Standard/Extra beneficiary pays for covered services (after the annual outpatient deductible has been met); or the percentage a non-ADSM Prime/USFHP beneficiary pays for services (after the annual outpatient POS deductible has been met) received under the POS option. The cost-share depends on the TRICARE option used and the sponsor's status:
 - Prime/USFHP POS 50% of the TRICARE maximum allowable charge (TMAC)
 - Extra ADFMs/TRS: 15%; retirees/others: 20%
 - Standard ADFMs/TRS: 20%; retirees/others: 25%

TRICARE Prime/USFHP Enrollment Fee

- For retirees and their family members
 - FY-2014 (annual) Individual: \$273.84; family (two or more): \$547.68
 - There are two beneficiary categories that are exempt from paying the higher FY-2014 fee amounts:
 - Surviving spouses of active duty deceased sponsors who are eligible as a retiree family member and currently enrolled in Prime. Their fee will remain frozen at their current fee amounts (FY-2011, FY-2012 or FY-2013).
 - www.tricare.mil/welcome/eligibility/survivors.aspx
 - The fee for medically-retired service members and their family members who are currently enrolled in Prime will remain frozen at their current fee amounts (FY-11, FY-12 or FY-13).

Premiums

- Monthly or quarterly payments for beneficiaries enrolled in certain TRICARE programs:
 - TRICARE Reserve Select (TRS)—monthly
 - Calendar year (CY) 2013—member-only: \$51.62; member and family: \$195.81
 - CY-2014—member-only: \$51.68; member and family: \$204.29
 - TRICARE Retired Reserve (TRR)—monthly
 - CY-2013—member-only: \$402.11; member and family: \$969.10
 - CY-2014—member-only: \$390.99; member and family: \$956.65
 - TRICARE Young Adult (TYA)—monthly
 - CY-2013—Prime: \$176; Standard/Extra: \$152
 - CY-2014—Prime: \$180; Standard/Extra: \$156
 - Continued Health Care Benefit Program (CHCBP)—quarterly
 - FY-2014—individual: \$1,193; member and family: \$2,682

TRICARE for Life (TFL)

- There is no enrollment fee or premium for TFL, but TRICARE-eligible beneficiaries who are entitled to Medicare (except ADSMs and ADFMs) must purchase Medicare Part B to be eligible for TFL benefits. Most people become eligible for Medicare at age 65, but may become eligible at an earlier age with a qualifying disability.
- The current monthly Medicare Part B premium for most people is \$104.90. Note: Medicare-eligible beneficiaries under age 65 may still enroll in TRICARE Prime/USFHP (where available) and their annual enrollment fee is waived.

Additional Information and Considerations to Avoid Unauthorized Care and Unexpected Expenses

- TRICARE Prime/USFHP beneficiaries, including ADSMs, must have the appropriate referrals and authorizations to obtain nonemergency care from other than their primary care manager (PCM), or outside the MTF. Unauthorized care may result in substantial POS charges for non-ADSMs, and potential financial liability and disciplinary action for ADSMs.
- Disengagement is the discontinuance of a non-ADSM patient's medical management by an MTF physician for a specific episode of care. When an MTF is unable to meet a patient's specific medical needs, care may be relinquished to an outside provider for that episode of care. Following proper disengagement procedures ensures the patient is aware of their needs, rights and responsibilities, including potential financial liability. Note: beneficiaries eligible only for direct care within the MTF (such as dependent parents or in-laws) will be advised that TRICARE will not cover any health care services received outside the MTF.
- The cost for inpatient care in an MTF is \$17.35/day for ADFMs and retiree family members.
- Non-ADSM Prime/USFHP beneficiaries entitled to use the TRICARE Prime Travel Benefit when referred for non-emergency specialty
 care more than 100 miles from the PCM's location must have the benefit pre-authorized before traveling.
- Medical care needed while traveling may present unique situations, especially for Prime/USFHP enrollees, or when traveling
 overseas. Take care of routine needs, including medication refills, before traveling, and be familiar with the rules and requirements
 for obtaining medical care when away from home. Call or visit a BCAC for information and assistance.